

CONTRACT #16
RFS # 318.66-028

Department of F&A
Bureau of TennCare

VENDOR:
Volunteer State Health
Plan, Inc.

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 09 2006

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-028		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14859-00	PROPOSED AMENDMENT #	18
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	\$3,235,252,751.23		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$3,282,404,425.23		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

This amendment provides modifications to MCO language including: (1) Fraud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.

(2) explanation of need for the proposed amendment :

This amendment is needed to make above modifications as well as provide funding for additional six month period.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

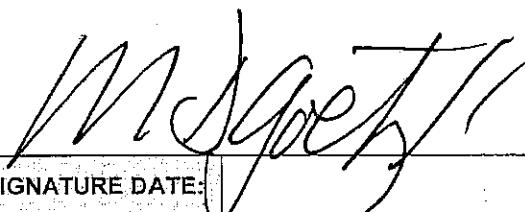
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number	318.66-028	Contract Number	FA-02-14859-18
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
VOLUNTEER STATE HEALTH PLAN, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-

Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Item Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	4A1	134	11	<input type="checkbox"/> STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00
2004	\$ 219,561,969.10	\$ 405,873,066.13			\$ 625,435,035.23
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$ 632,613,416.00
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$ 530,572,600.00
2007	\$ 110,259,361.00	\$ 202,178,613.00			\$ 312,437,974.00
Total	\$ 1,180,059,039.94	\$ 2,102,345,385.29			\$ 3,282,404,425.23

CFDA#	93.778 Title XIX Dept. of Health & Human Services	Check the box ONLY if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Scott Pierce	Is the Contractor a Vendor? (per OMB A-133)
Address: 310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: Nashville, TN	
(615)507-6415	

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
--	-----------------------------

Scott Pierce	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
	12/31/2006		
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$625,435,035.23	\$0.00	
FY: 05	\$632,613,416.00	\$0.00	
FY: 06	\$530,572,600.00	\$0.00	
FY: 07	\$265,286,300.00	\$47,151,674.00	
Total	\$3,235,252,751.23	\$47,151,674.00	

CONTRACT SUMMARY SHEET

RPS Number	318.66-028	Contract Number	FA-02-14859-16
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Amount Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All amendments)	
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$ 219,561,969.10	\$ 405,873,066.13			\$	625,435,035.23
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$	632,613,416.00
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$	530,572,600.00
2007	\$ 93,626,200.00	\$ 171,660,100.00			\$	265,286,300.00
Total	\$1,163,425,878.94	\$ 2,071,826,872.29			\$	3,235,252,751.23

CFDA 93.778 Title XIX Dept. of Health & Human Services

State Fiscal Contract		Check the box (only) if you answer YES	
Name	Scott Pierce	Is the Contractor a SUBRECIPIENT (per OMB A-133)?	
Address	310 Great Circle Road	Is the Contractor a Vendor? (per OMB A-133)?	
Phone	Nashville, TN (615)507-6415	State Fiscal Year Funding STRICTLY LIMITED?	

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
Scott Pierce	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE	12/31/2006			
FY: 02	\$580,335,592.00	\$0.00		
FY: 03	\$601,009,808.00	\$0.00		
FY: 04	\$625,435,035.23	\$0.00		
FY: 05	\$632,613,416.00	\$0.00		
FY: 06	\$530,572,600.00	\$0.00		
FY: 07	\$265,286,300.00	\$0.00		
Total	\$3,235,252,751.23	\$0.00		

RECEIVED

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FISCAL REVIEW

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2006 JAN -3 AM 9:58
COMPTROLLER OF
OFFICE OF
MANAGEMENT SERVICES
Office of Contracts Review

FA-02-14859-15
318.66-028
Department of Finance and Administration
Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001	12/31/2006
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318.66	411	134	11	<input type="checkbox"/> STARS	
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00
2004	\$ 219,561,969.10	\$ 405,873,066.13			\$ 625,435,035.23
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$ 632,613,416.00
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$ 530,572,600.00
2007	\$ 93,626,200.00	\$ 171,860,100.00			\$ 265,286,300.00
	\$1,163,425,878.94	\$ 2,071,826,872.29			\$ 3,235,252,751.23

93.778 Title XIX Dept. of Health & Human Services
Scott Pierce 729 Church Street Nashville, TN (615)532-1362
Scott Pierce

	12/31/2006	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$625,435,035.23	\$0.00
FY: 05	\$632,613,416.00	\$0.00
FY: 06	\$530,572,600.00	\$0.00
FY: 07	\$265,286,300.00	\$0.00
	\$3,235,252,751.23	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

318.86-028

FA-02-14859-14

Department of Finance and Administration

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.86	411	134	11	<input type="checkbox"/> STAR5		
2002	\$ 211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$ 219,070,544.84	\$ 381,839,263.16			\$	801,009,808.00
2004	\$ 219,561,969.10	\$ 405,873,086.13			\$	825,435,035.23
2005	\$ 223,265,118.00	\$ 409,348,300.00			\$	632,613,416.00
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$	530,572,600.00
2007	\$ 93,626,200.00	\$ 171,660,100.00			\$	265,286,300.00
	\$1,163,425,878.94	\$ 2,071,826,872.29			\$	3,235,252,751.23
	93.778					

Scott Pierce
 729 Church Street
 Nashville, TN
 (615)532-1362

Scott Pierce



Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,
 Commissioner of Finance and Administration, do hereby certify that
 there is a balance in the appropriation from which this obligation is
 required to be paid that is not otherwise encumbered to pay
 obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$801,009,808.00	\$0.00
FY: 04	\$825,435,035.23	\$0.00
FY: 05	\$574,414,627.23	\$58,198,788.77
FY: 06	\$236,186,905.61	\$294,385,694.39
FY: 07		\$265,286,300.00
	\$2,617,381,968.07	\$817,870,783.16

CONTRACT SUMMARY SHEET

Department of Finance and Administration

Bureau of TennCare

☐ V- ☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the Target Market

[illegible]

12/31/2005

318.66	411	134	11	<input type="checkbox"/> STARS	Grant type	Supplement type
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Year	Base Fund	Special Funds	Interdepartmental	Grants	Total Contract Amount
2002	\$24,000,000				

[illegible]

2005	\$ 218,361,969.10	\$ 405,873,066.13		\$ 601,009,808.00
2006	\$ 201,337,365.10	\$ 373,077,262.13		\$ 625,435,035.23

\$ 65,926,418.55	\$ 152,258,427.06	\$ 574,414,627.23
\$ 935,288,906.59	\$ 1,682,093,061.48	\$ 236,186,905.61

55.776		\$	2,617,381,968.00
State of Oregon			Electoral College Vote

Dean Daniel
729 Church Street
Nashville, TN

(615) 532-1362

Signature of Scott Pierce

SECRET

	Pursuant to T.C.A. Section 6-8-104	Revised	Delaware Avenue 2
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FY: 02 FY: 03 FY: 04	12/31/2005 \$580,335,502.00	Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this payment is made.
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FY: 03	\$440,000,000.00	\$0.00	required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 04	\$601,009,808.00	\$0.00	
FY: 05	\$625,435,035.22	\$0.00	

FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$102,040,816.00

2,515,341,152.07	\$0.00
\$2,515,341,152.07	\$102,040,816.00

SECTION 2

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-22-2011 BY 60322 UCBAW

112

TO ACCOUNTS

REC-111

[illegible]

Figure 1. Schematic representation of the experimental design. The figure is divided into two main sections: 'Pre-Test' and 'Main Experiment'. The 'Pre-Test' section includes 'Pre-Test 1' and 'Pre-Test 2'. The 'Main Experiment' section includes 'Main Experiment 1' and 'Main Experiment 2'. The 'Pre-Test' section is used to determine the optimal number of trials for each condition. The 'Main Experiment' section is used to test the effect of the number of trials on the performance of the subjects. The 'Pre-Test' section is divided into two parts: 'Pre-Test 1' and 'Pre-Test 2'. 'Pre-Test 1' is used to determine the optimal number of trials for each condition. 'Pre-Test 2' is used to determine the optimal number of trials for each condition. The 'Main Experiment' section is divided into two parts: 'Main Experiment 1' and 'Main Experiment 2'. 'Main Experiment 1' is used to test the effect of the number of trials on the performance of the subjects. 'Main Experiment 2' is used to test the effect of the number of trials on the performance of the subjects.

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Title	FA-02-14859-12
Contract Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	VOLUNTEER STATE HEALTH PLAN, INC	Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Start Date	7/1/2001	Contract End Date	12/31/2005
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Contract ID	318.66	Contract Line	411	Contract Item	134	Contract Unit	11	Contract Type	<input type="checkbox"/> STARS	Contract Price		Contract Cost	
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FY	Start Date	End Date	Contract Price	Contract Cost	Contract Unit	Contract Type	Total Contract Amount (Required)
2002	\$211,390,549.00	\$ 368,945,043.00					\$ 580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16					\$ 601,009,808.00
2004	\$219,561,969.10	\$ 405,873,066.13					\$ 625,435,035.23
2005	\$167,856,957.10	\$ 304,516,854.13					\$ 472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06					\$ 236,186,905.61
TOTAL	\$901,808,498.59	\$ 1,613,532,653.48					\$ 2,515,341,152.00

Contract Price	93.778	Contract Price Only (Required)	
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State Fiscal Contract	Dean Daniel 729 Church Street Nashville, TN (615)532-1362	Contract Price Only (Required)	
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Procuring Agency Budget Officer Approval Signature	Scott Pierce	Contract Price Only (Required)	
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COMPLETE FOR ALL AMENDMENTS ONLY			Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
FY	Amendment	Amendment Date	Amendment Price	Amendment Cost
		12/31/2005		
FY: 02		\$580,335,592.00	\$0.00	
FY: 03		\$601,009,808.00	\$0.00	
FY: 04		\$623,394,219.23	\$2,040,816.00	
FY: 05		\$472,373,811.23	\$0.00	
FY: 06		\$236,186,905.61	\$0.00	
TOTAL		\$2,513,300,336.07	\$2,040,816.00	

OCR RELEASED

TO ACCOUNTS

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Office of Contract Review

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DEC 26 PM 2:25
OFFICE OF CONTRACT REVIEW

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Number	FA-02-14859-11
Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contract Description		Contract Modification Number	

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Contract Code	FY: 02	FY: 03	FY: 04	FY: 05	FY: 06	Contract Code	Contract Code
318.66	411	134	11	<input type="checkbox"/> STARS			
FY	Contract Code	Contract Code	Contract Code	Contract Code	Contract Code	Contract Code	Contract Code
2002	\$211,390,549.00	\$ 368,945,043.00				\$ 580,335,592.00	
2003	\$219,070,544.84	\$ 381,939,263.16				\$ 601,009,808.00	
2004	\$218,892,361.10	\$ 404,501,858.13				\$ 623,394,219.23	
2005	\$167,856,957.10	\$ 304,516,854.13				\$ 472,373,811.23	
2006	\$ 83,928,478.55	\$ 152,258,427.06				\$ 236,186,905.61	
Total	\$901,138,890.60	\$ 1,612,161,445.48				\$ 2,513,300,336.07	
GRAND TOTAL	93.778						

Contract Code	Dean Daniel
Address	729 Church Street Nashville, TN (615)532-1362

Contract Code	Dean Daniel
Contract Code	6/22/04

Contract Code	Contract Code	Contract Code	Contract Code
FY: 02	\$580,335,592.00	\$0.00	
FY: 03	\$601,009,808.00	\$0.00	
FY: 04	\$623,394,219.23	\$0.00	
FY: 05	\$472,373,811.23	\$0.00	
FY: 06	\$236,186,905.61	\$0.00	
Total	\$2,513,300,336.07	\$0.00	

Pursuant to T.C.A., Section 8-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
JUN 28 PM 3:26
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET									
RF# Number	318.66-02B				Contract Number	FA-02-14859-10			
State Agency	Department of Finance and Administration				Division	Bureau of TennCare			
Contractor					Contract Identification Number				
VOLUNTEER STATE HEALTH PLAN, INC					<input type="checkbox"/> V- <input type="checkbox"/> C-				
Service Description									
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population									
Contract Begin Date					Contract End Date				
7/1/2001					12/31/2005				
Alignment Code	Fiscal Center	Object Code	Fund	Grant	Grant Code	Subgrant Code			
318.66	411	134	11	<input type="checkbox"/> STARS					
	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)				
2002	\$211,390,549.00	\$ 368,945,043.00			\$ 580,335,592.00				
2003	\$219,070,544.84	\$ 381,939,263.16			\$ 601,009,808.00				
2004	\$218,892,361.10	\$ 404,501,858.13			\$ 623,394,219.23				
2005	\$167,856,957.10	\$ 304,516,854.13			\$ 472,373,811.23				
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$ 236,186,905.61				
Total	\$901,138,890.60	\$ 1,612,161,445.48			\$ 2,513,300,336.07				
CRFA	93.778				When the box is checked, the answer is YES				
State Fiscal Contract					the contractor SUBRECIPIENT? (per OMB A-139)				
Name: Dean Daniel					the contractor Vendor? (per OMB A-139)				
Address: 729 Church Street					the contractor is a small business? (per OMB A-139)				
City: Nashville, TN					the contractor is a minority-owned business? (per OMB A-139)				
Phone: (615)532-1362					the contractor is a woman-owned business? (per OMB A-139)				
Procuring Agency Budget Officer Approval Signature:					the contractor is a veteran-owned business? (per OMB A-139)				
Dean Daniel					the contractor is a disabled veteran-owned business? (per OMB A-139)				
06/14/04					the contractor is a small business? (per OMB A-139)				
COMPLETION FOR ALL AMENDMENTS ONLY					the contractor is a small business? (per OMB A-139)				
END DATE	12/31/2005				the contractor is a small business? (per OMB A-139)				
FY: 02	\$580,335,592.00		\$0.00		the contractor is a small business? (per OMB A-139)				
FY: 03	\$601,009,808.00		\$0.00		the contractor is a small business? (per OMB A-139)				
FY: 04	\$623,394,219.23		\$102,040,816.00		the contractor is a small business? (per OMB A-139)				
FY: 05	\$472,373,811.23		\$0.00		the contractor is a small business? (per OMB A-139)				
FY: 06	\$236,186,905.61		\$0.00		the contractor is a small business? (per OMB A-139)				
Total	\$2,513,300,336.07		\$102,040,816.00		the contractor is a small business? (per OMB A-139)				

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 2004 JUN 24 PM 2:01
 CHIEF OF OFFICE
 OFFICE OF
 MANAGEMENT SERVICES

318.66-028

Department of Finance and Administration

FA-02-14859-09

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2005

318.66	411	134	11	<input type="checkbox"/> STARS		
2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
2004	\$185,411,953.10	\$ 335,941,450.13			\$	521,353,403.23
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
	\$867,658,482.60	\$ 1,543,601,037.48			\$	2,411,259,520.07

93.778

Dean Daniel
 729 Church Street
 Nashville, TN
 (615)532-1362

Dean Daniel

Dean Daniel 12/23/03

	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$521,353,403.23	\$0.00
FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$0.00
	\$2,411,259,520.07	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

ES Number	318.66-028	Contract Number	FA-02-14859-08
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Description Number	

VOLUNTEER STATE HEALTH PLAN, INC	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Agency Code	Agency Name	Contract Code	Contract Name	Contract Type	Contract Status	Contract Amount
318.66	411	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Other Funds	Other Funds	Other Funds	Total Contract Amount (Incl. All Amendments)
2002	\$211,390,549.00	\$ 368,945,043.00				\$ 580,335,592.00
2003	\$219,070,544.84	\$ 381,939,263.16				\$ 601,009,808.00
2004	\$185,411,953.10	\$ 335,941,450.13				\$ 521,353,403.23
2005	\$167,856,957.10	\$ 304,516,854.13				\$ 472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06				\$ 236,186,905.61
	\$867,658,482.60	\$ 1,543,601,037.48				\$ 2,411,259,520.07

Contract Code	93.778
State Fiscal Contract	
Contract Manager	Dean Daniel
Address	729 Church Street
City	Nashville, TN
Phone	(615)532-1362
Contracting Agency Executive Officer Approval Signature	Dean Daniel
Signature	<i>Dean Daniel</i>
Date	12/17/03

COMPLETE FOR ALL AMENDMENTS (FORM)		
END DATE	AMENDMENT	DATE AMENDMENT MADE
	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$472,373,811.23	\$48,979,592.00
FY: 05	\$472,373,811.23	\$0.00
FY: 06	\$236,186,905.61	\$0.00
Total	\$2,362,279,928.07	\$48,979,592.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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 OFFICE OF CONTRACT ADMINISTRATION

CONTRACT SUMMARY SHEET

318.66-028

Department of Finance and Administration

FA-02-14859-07

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2005

318.66

411

134

11

☐ STARS

2002	\$211,390,549.00	\$ 368,945,043.00		\$ 580,335
2003	\$219,070,544.84	\$ 381,939,263.16		\$ 601,009
2004	\$167,856,957.10	\$ 304,516,854.13		\$ 472,373
2005	\$167,856,957.10	\$ 304,516,854.13		\$ 472,373
2006	\$ 83,928,478.55	\$ 152,258,427.06		\$ 236,188
	\$850,103,486.60	\$ 1,512,176,441.48		\$ 2,362,279

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 6/30/03

Pursuant to T.C.A., Section 8-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to obligations previously incurred.

	12/31/2005	
FY: 02	\$580,335,592.00	\$0.00
FY: 03	\$601,009,808.00	\$0.00
FY: 04	\$449,989,400.00	\$22,384,411.23
FY: 05	\$449,989,400.00	\$22,384,411.23
FY: 06	\$224,994,700.00	\$11,192,205.81
	\$2,306,318,900.00	\$55,961,028.07

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Office of Contract

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Line	FA-02-14859-06
State Agency	Department of Finance and Administration	Contract Line	Bureau of TennCare
Contract Title		Contract Line Number	
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Start Date	7/1/2001	Contract End Date	12/31/2005
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Contract Line	318.66	Contract Line	411	Contract Line	134	Contract Line	11	Contract Line	<input type="checkbox"/> STARS
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FY	State Funds	Federal Funds	FY	State Funds	Federal Funds
2002	\$ 211,390,549	\$ 368,945,043			
2003	\$ 219,070,545	\$ 381,939,263			
2004	\$ 165,236,300	\$ 284,753,100			
2005	\$ 165,236,300	\$ 284,753,100			
2006	\$ 82,618,150	\$ 142,376,550			
Total	\$ 843,551,844	\$ 1,462,767,056			

Contract Line	93.778
---------------	--------

Name	Dean Daniel
Address	729 Church Street
City	Nashville, TN
Phone	(615)532-1362

Dean Daniel *Dean Daniel* 11/7/02

FY	State Funds	Federal Funds
FY: 02	\$580,335,592	
FY: 03	\$498,968,992	\$102,040,816
FY: 04	\$449,989,400	
FY: 05	\$449,989,400	
FY: 06	\$224,994,700	
Total	\$2,204,278,084	\$102,040,816

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number	318.66-028	Contract Number	FA-02-14859-05
State Agency	Department of Finance and Administration	Agency	Bureau of TennCare
VOLUNTEER STATE HEALTH PLAN, INC		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001				12/31/2005		
318.66	411	134	11	<input type="checkbox"/> STARS		
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 182,696,055	\$ 316,272,937			\$	498,968,992
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
	\$ 807,177,354	\$ 1,397,100,730			\$	2,204,278,084
	93.778					

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 11/7/02

	12/31/2005	
FY: 02	\$580,335,592	
FY: 03	\$449,989,400	\$48,979,592
FY: 04	\$449,989,400	
FY: 05	\$449,989,400	
FY: 06	\$224,994,700	
	\$2,155,298,492	\$48,979,592

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

318.66-028

FA-02-14859-04

Department of Finance and Administration

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☒ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

1/1/01

12/31/05

Contract Number	Contract Value	Medical Value	Non-Medical Value	STARs	Contract Type	Subcontractor
318.66	411	134.	11	<input type="checkbox"/> STARS		
Year	Star Fund	Medical Fund	Non-Medical Fund	Contract Value	Contract Type	Subcontractor
2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592
2003	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2005	\$ 165,236,300	\$ 284,753,100			\$	449,989,400
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700
	\$ 789,717,599	\$ 1,365,580,893			\$	2,155,298,492

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 7/1/02

Contract Number	Contract Value	Medical Value	Non-Medical Value
Y: 02			
Y: 03			
Y: 04			
Y: 05			
Y: 06			
		\$0	\$0

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY

318.66-028

FA-02-14859-03

Department of Finance and Administration

Bureau of TennCare

VOLUNTEER STATE HEALTH PLAN, INC

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

1/01

12/31/05

318.66

411

134

11

☐ STARS

	2002	2003	2004	2005	2006
2002	\$ 211,390,549	\$ 368,945,043			
2003	\$ 165,236,300	\$ 284,753,100			
2004	\$ 165,236,300	\$ 284,753,100			
2005	\$ 165,236,300	\$ 284,753,100			
2006	\$ 82,618,150	\$ 142,376,550			
	\$ 789,717,599	\$ 1,365,580,893			

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615) 532-1362

Dean Daniel

Dean Daniel 7/1/02

	12/31/05	
12	\$580,335,592	\$0
13	\$512,988,652	-\$62,999,252
14	\$512,988,652	-\$62,999,252
15	\$512,988,652	-\$62,999,252
16	\$256,494,327	-\$31,499,627
	\$2,375,795,875	-\$220,497,383

Pursuant to T.C.A., Section 9-6-113; I, C. Warren Neal, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

C O N T R A C T S U M M A R Y S H E E T

Contract Number	FA-02-14859-02	State Agency	Tennessee Department of Finance and Administration
	RFS # 318.66-028	Division	Bureau of TennCare

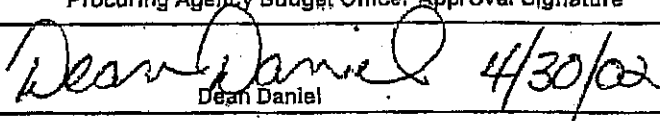
Contractor	Vendor ID Number
Volunteer State Health Plan, Inc.	<input type="checkbox"/> V <input type="checkbox"/> C

Service Description
Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date	Contract End Date
07/01/01	12/31/2005

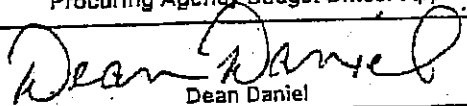
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	109	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$211,390,549.00	\$368,945,043.00			\$580,335,592.00
2003	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2004	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2005	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00
2006	\$ 93,165,152.00	\$163,328,175.00			\$256,494,327.00
Total	\$863,546,610.00	\$1,512,249,265.00			\$2,375,795,875.00

<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name Address Phone Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	 Dean Daniel 4/30/02

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date	12/31/05		
2002	\$559,927,428.00	\$20,408,164.00	
2003	\$512,988,652.00		
2004	\$512,988,652.00		
2005	\$512,988,652.00		
2006	\$256,494,327.00		
Total	\$2,355,387,711.00	\$20,408,164.00	

CONTRACT SUMMARY SHEET

Contract Number		FA-02-14859-01		State Agency		Tennessee Department of Finance and Administration	
		RFS # 318.66-028		Division		Bureau of TennCare	
Contractor				Vendor ID Number			
Volunteer State Health Plan, Inc.				<input type="checkbox"/> V— <input type="checkbox"/> C—			
Service Description							
Managed Care Organization Services / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
07/01/01				12/31/2005			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	109	134	11	<input type="checkbox"/> on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$203,977,794.00	\$355,949,634.00			\$559,927,428.00		
2003	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2004	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2005	\$186,330,303.00	\$326,658,349.00			\$512,988,652.00		
2006	\$ 93,165,152.00	\$163,329,175.00			\$256,494,327.00		
				RELEASED TO ACCOUNTS DIVISION			
				MAR 11 2002			
				OFFICE OF CONTRACT REVIEW			
Total	\$856,133,855.00	\$1,499,253,856.00			\$2,355,387,711.00		
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited				CFDA Number 93.778			
<input type="checkbox"/> Contractor is on STARS				State Fiscal Contact			
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached				Name Address Phone		Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362	
<input type="checkbox"/> Service Provider Registered with F&A				Procuring Agency Budget Officer Approval Signature			
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)				 Dean Daniel 3/4/02			
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
COMPLETE FOR ALL AMENDMENTS (only)							
	Base Contract & Prior Amendments	This Amendment ONLY					
Contract End Date	12/31/05						
2002	\$512,988,652.00	\$46,938,776.00					
2003	\$512,988,652.00						
2004	\$512,988,652.00						
2005	\$512,988,652.00						
2006	\$256,494,327.00						
Total	\$2,308,448,935.00	\$46,938,776.00					

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